

Call for Abstracts

ICD-10-CM Injury Epidemiology and Surveillance Methods Supplement

Title of Supplement: "ICD-10-CM Injury Epidemiology and Surveillance Methods"

Journal: *Injury Prevention* (ip.bmj.com)

Call for Abstracts:

CDC's National Center for Injury Prevention and Control (NCIPC) is accepting abstracts for manuscripts to be published in a supplement to the journal '*Injury Prevention*' featuring articles describing the use of ICD-10-CM coded hospital and emergency department billing/discharge data for injury epidemiology and surveillance. Manuscripts are being solicited from both non-CDC and CDC authors. The issue will include ICD-10-CM surveillance case definitions for specific injury topics (e.g., hospitalizations and ED visits for drug overdose, TBI, suicide), ICD-10-CM evaluation studies from the field, and exploratory studies.

Examples of potential topics include:

- Case confirmation studies with medical record review to estimate the sensitivity, specificity, or predictive value of ICD-10-CM injury diagnosis and/or external cause of injury codes.
- Trend analyses to characterize injury trends across the ICD-10-CM transition for various indicator definitions
- Studies that compare several proposed methods for operationalizing an injury indicator

Background:

The transition of the rubric used for coding of hospitalization and emergency department data from ICD-9-CM to ICD-10-CM resulted in the need to propose and evaluate new ICD-10-CM based injury surveillance methodologies. NCIPC in partnership with the National Center for Health Statistics (NCHS) has provided leadership for the transitional work and ICD-10-CM methods development. Multiple partners, including the Council of State and Territorial Epidemiologists (CSTE), state and local injury epidemiologists, and Agency for Healthcare Research and Quality (AHRQ) have been engaged in evaluating the ICD-10-CM hospitalization and emergency department data.

The publication of this journal supplement will highlight the partnerships that have been so crucial to making the transition successful, provide visibility to ICD-10-CM injury surveillance methods, and result in a consolidated reference resource.

Submission Requirements:

Abstracts will serve as proposals for written products to include in the journal. Authors should consider the following final manuscript formats as they construct their abstracts: [Original Articles](#), [Brief Reports](#), and [Methodology](#) papers will be considered.

- Submitted abstracts should be no more than 250 words total, excluding title and authors. The abstract body for original articles and brief reports should include the following sections. Introduction: The introduction should include the context, purpose or objectives of the study or surveillance effort.
- Methods: The methods section should concisely explain how the study or surveillance effort was undertaken.
- Results: The results should indicate key findings.

- Discussion: The discussion should emphasize the relevance of the findings to the field.

Methodology abstracts can have more flexibility or follow the abstract body format above.

How to submit:

Send the abstract, title, preferred article type (i.e. [Original Article](#), [Brief Report](#), or [Methodology](#) paper), the names of all authors and affiliations, and corresponding author contact information to injury10CMjournal@cdc.gov with the subject line “[*lead author last name*] Abstract Submission” by 11:59pm ET on Friday, August 9, 2019.

Deadlines:

- Abstracts should be submitted no later than 11:59 pm ET on Friday, August 9, 2019.
- Author invitations for selected abstracts will be sent by Friday, August 16, 2019.
- Authors will draft manuscripts through summer and fall of 2019 with feedback from CDC editors and CDC E-Clearance reviewers.
- Manuscripts will be finalized for submission to Injury Prevention in winter, 2019.
- The submitted final manuscript will be subject to formal independent peer review in accordance with the Journal’s usual practice.
- Expected publication date is early 2021.

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